

CLIENT 1634

**WISEMAN & BURKE, INC.
206 S. BRAND BLVD.
GLENDALE, CA 91204
(818) 247-1007**

June 21, 1997

Kathleen M. Gold
11054 Ventura Blvd Apt. 203
Studio City, CA 91604

Dear Kathleen,

Enclosed is your 1996 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$163.

Mail your Federal return with Form 1040-V payment voucher on or before August 15, 1997 and make your check payable to:

INTERNAL REVENUE SERVICE
P.O. BOX 60000
LOS ANGELES, CA 90060-6000

Enclosed is your 1996 California Individual Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. You will receive a refund of \$2.

Mail your California return on or before October 15, 1997 to:

IMAGE PROCESSING
FRANCHISE TAX BOARD
P.O. BOX 942840
SACRAMENTO, CA 94240-0009

Your 1997 estimated tax payment schedule is listed below. Mail your payments to the address shown on your estimated tax payment vouchers.

Due Date	Federal
4/15/97	\$ 50
6/16/97	50
9/15/97	50
1/15/98	50

	\$ 200

Please be sure to call if you have any questions.

Sincerely,

DAVID P. THELIN

1996 Individual Return
prepared for:

Kathleen M. Gold
11054 Ventura Blvd Apt. 203
Studio City, CA 91604

Wiseman & Burke, Inc.
206 S. Brand Blvd.
Glendale, CA 91204

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FEDERAL FORMS

Form 1040	1996 U.S. Individual Income Tax Return
Form 1040-ES	Estimated Tax Payment Vouchers
Form 1040-V	Payment Voucher
Schedule C	Profit or Loss From Business
Schedule E p2	Supplemental Income and Loss
Schedule SE	Self-Employment Tax
Form 4562	Depreciation and Amortization
Form 4868	Application for Automatic Extension
	Vehicle Expense Worksheets
	Depreciation Schedules

CALIFORNIA FORMS

Form 540	1996 California Resident Income Tax Return
	California Depreciation Schedules

Preparation Fee	\$	465.00
COMPUTER CHARGE		35.00

Amount Due	\$	500.00
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PLEASE MAKE CHECKS PAYABLE TO
"WISEMAN AND BURKE BOOKKEEPING SERVICES"

KATHLEEN M. GOLD

INCOME

WAGES, SALARIES, TIPS, ETC	428
INTEREST INCOME	18
BUSINESS INCOME	3,278
RENT, ROYALTY, PARTNERSHIP, ESTATE	-67
TOTAL INCOME	3,657

ADJUSTMENTS TO INCOME

ONE-HALF OF SELF-EMPLOYMENT TAX	232
TOTAL ADJUSTMENTS	232
ADJUSTED GROSS INCOME	3,425

ITEMIZED DEDUCTIONS

TAXES	5
TOTAL ITEMIZED DEDUCTIONS	5

TAX COMPUTATION

STANDARD DEDUCTION	4,000
LARGER OF ITEMIZED OR STANDARD DEDUCTION	4,000
INCOME PRIOR TO EXEMPTION DEDUCTION	-575
EXEMPTION DEDUCTION	2,550
TAXABLE INCOME	-3,125
TAX BEFORE CREDITS	0

CREDITS

TOTAL CREDITS	0
TAX AFTER CREDITS	0

OTHER TAXES

SELF-EMPLOYMENT TAX	463
TOTAL TAX	463

PAYMENTS

FEDERAL INCOME TAX WITHHELD	34
EARNED INCOME CREDIT	266
TOTAL PAYMENTS	300

REFUND OR AMOUNT DUE

AMOUNT YOU OWE	163
--------------------------	-----

KATHLEEN M. GOLD

FEDERAL ADJUSTED GROSS INCOME	
FEDERAL ADJUSTED GROSS INCOME	3,425
ADJUSTED GROSS INCOME	
ADJUSTED GROSS INCOME	3,425
ITEMIZED DEDUCTIONS	
FEDERAL ITEMIZED DEDUCTIONS	5
LESS STATE, LOCAL AND FOREIGN TAXES	5
CALIFORNIA ITEMIZED DEDUCTIONS	0
CALIFORNIA STANDARD DEDUCTION	
	2,527
TAX COMPUTATION	
TAXABLE INCOME	898
TAX	9
EXEMPTION CREDITS	67
NET TAX	
	0
PAYMENTS	
CALIFORNIA INCOME TAX WITHHELD	2
TOTAL PAYMENTS	2
REFUND OR AMOUNT DUE	
AMOUNT OVERPAID	2
AMOUNT YOU OWE	
	0
AMOUNT REFUNDED TO YOU	2

1996

DIAGNOSTICS

PAGE 1

KATHLEEN M. GOLD

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, 1040-ES, 1040-V, C, E P2, SE, 4562, 4868
STATEMENTS
CALIFORNIA: 540

TAX BRACKET	FEDERAL 15%	CALIFORNIA 1%
CARRYOVERS TO 1997		
NONE		

FEDERAL ESTIMATES

	ESTIMATE	OVERPAYMENT	BALANCE
4/15/97	50		50
6/16/97	50		50
9/15/97	50		50
1/15/98	50		50
	-----	-----	-----
TOTAL	200		200

Form **1040-ES**Department of the Treasury
Internal Revenue Service**Payment
1997 Voucher 2**MAIL ESTIMATED TAX PAYMENTS TO:
INTERNAL REVENUE SERVICE
P.O. BOX 54030
LOS ANGELES, CA 90054-0030

OMB No. 1545-0087

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 16, 1997

Amount of payment \$ ----- 50	PLEASE PRINT	Your first name and initial KATHLEEN M.	Your last name GOLD	Your social security number [REDACTED]
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 11054 VENTURA BLVD 203		
		City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) STUDIO CITY, CA 91604		

For Paperwork Reduction Act Notice, see Instructions on page 1.

Tear off here

Form **1040-ES**Department of the Treasury
Internal Revenue Service**Payment
1997 Voucher 3**MAIL ESTIMATED TAX PAYMENTS TO:
INTERNAL REVENUE SERVICE
P.O. BOX 54030
LOS ANGELES, CA 90054-0030

OMB No. 1545-0087

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 1997

Amount of payment \$ ----- 50	PLEASE PRINT	Your first name and initial KATHLEEN M.	Your last name GOLD	Your social security number [REDACTED]
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 11054 VENTURA BLVD 203		
		City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) STUDIO CITY, CA 91604		

For Paperwork Reduction Act Notice, see Instructions on page 1.

Tear off here

Form **1040-ES**Department of the Treasury
Internal Revenue Service**Payment
1997 Voucher 4**MAIL ESTIMATED TAX PAYMENTS TO:
INTERNAL REVENUE SERVICE
P.O. BOX 54030
LOS ANGELES, CA 90054-0030

OMB No. 1545-0087

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 15, 1998

Amount of payment \$ ----- 50	PLEASE PRINT	Your first name and initial KATHLEEN M.	Your last name GOLD	Your social security number [REDACTED]
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 11054 VENTURA BLVD 203		
		City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) STUDIO CITY, CA 91604		

For Paperwork Reduction Act Notice, see Instructions on page 1.

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return****1996**

1 Your name(s) (see instructions) KATHLEEN M. GOLD WISEMAN & BURKE, INC.		2a Amount due- Add lines 6c, d, and e ▶ \$ 0
Address (see instructions) 206 S. BRAND BLVD.		
City, town or post office, state, and ZIP code GLENDALE, CA 91204		3 Your social security no. [REDACTED]
		4 Spouse's soc. security no.
		b Amount you are paying ▶ \$ 0

5 I request an automatic 4-month extension of time to August 15, 1997, to file my individual tax return for the calendar year 1996 or to _____, 19____, for the fiscal tax year ending _____, 19____.

6 Individual Income Tax Return - See instructions.	Gift/GST Tax Return(s) - See instructions.
a Total income tax liability for 1996 \$ 0	Check here ONLY if filing a gift or GST tax return. } Yourself ▶ <input type="checkbox"/>
b Total payments for 1996 \$ 300	Spouse ▶ <input type="checkbox"/>
c Balance. Subtract 6b from 6a. \$ 0	d Your gift/GST tax payment \$ _____
	e Your spouse's gift/GST tax payment \$ _____

Fold along the dotted line.

MAIL FORM 4868 PAYMENTS TO:

INTERNAL REVENUE SERVICE
FRESNO, CA 93888

Payment Voucher

1996

▶ Do not staple or attach this voucher to your payment.

1 Enter the amount of the payment you
are making

▶ \$ 163

2 Enter the first four letters of your last name

G O L D

3 Enter your social security number

4 If a joint return, enter your spouse's
social security number

5 Enter your name(s)

KATHLEEN M. GOLD

Enter your address

11054 VENTURA BLVD 203

Enter your city, state, and ZIP code

STUDIO CITY, CA 91604

Cut along the dotted line.

MAIL FORM 1040-V PAYMENTS WITH YOUR RETURN TO:

INTERNAL REVENUE SERVICE
P.O. BOX 60000
LOS ANGELES, CA 90060-6000-----
File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "Internal Revenue Service."
Please write your social security number, daytime phone number, and "1996 Form 1040" on your check or money order. Please do not send cash.
Enclose, but do not staple or attach, your payment with this voucher.

For the year Jan. 1 - Dec. 31, 1996, or other tax year beginning

, 1996, ending

, 19

OMB No. 1545-0074

Label

(See page 11.)

Use the IRS
label.
Otherwise,
please print
or type.LABEL
HERE

Your first name and initial

Last name

KATHLEEN M. GOLD

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 11.

Apt. no.

11054 VENTURA BLVD

203

City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.

STUDIO CITY, CA 91604

For help finding line
instructions, see pages
2 and 3 in the booklet.

Presidential

Election Campaign

(See page 11.)

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Yes No

Note: Checking "Yes"
will not change your
tax or reduce your
refund.

Filing Status

Check only
one box.1 ☒ Single2 ☐ Married filing joint return (even if only one had income)3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See instructions.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6ab ☐ Spouse.No. of boxes
checked on lines
6a and 6b

1

c Dependents:

(1) First Name Last name

(2) Dependent's social
security number. If born
in Dec. 1996, see inst.(3) Dependent's
relationship to you(4) No. of mos.
lived in your
home in 1996No. of your
children on
line 6c who:• lived with you
• did not live with
you due to divorce
or separation (see
instructions)Dependents
on 6c not
entered aboveAdd numbers
entered on
lines above ▶

1

d Total number of exemptions claimed.

Income

Attach
Copy B of your
Forms W-2,
W-2G, and
1099-R here.If you did not
get a W-2,
see the instr.
for line 7.Enclose, but do not
attach, any payment.
Also, please enclose
Form 1040-V (see
the instructions
for line 82).

7 Wages, salaries, tips, etc. Attach Form(s) W-2.

7 428

8a Taxable interest. Attach Schedule B if over \$400.

8a 18

b Tax-exempt interest. DO NOT include on line 8a

8b

9 Dividend income. Attach Schedule B if over \$400

9

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12 3,278

13 Capital gain or (loss). If required, attach Schedule D

13

14 Other gains or (losses). Attach Form 4797

14

15a Total IRA distributions

15a

b Taxable amount (see inst.)

15b

16a Total pensions and annuities.

16a

b Taxable amount (see inst.)

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.

17 -67

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount (see inst.)

20b

21 Other income.

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income.

22 3,657

Adjusted
Gross
Income

23a Your IRA deduction (see instructions)

23a

b Spouse's IRA deduction (see instructions)

23b

24 Moving expenses. Attach Form 3903 or 3903-F

24

25 One-half of self-employment tax. Attach Schedule SE

25

232

26 Self-employed health insurance deduction (see inst.)

26

27 Keogh & self-employed SEP plans. If SEP, check ☐

27

28 Penalty on early withdrawal of savings

28

29 Alimony paid. Recipient's SSN ▶

29

30 Add lines 23a through 29.

30 232

31 Subtract line 30 from line 22. This is your adjusted gross income

31 3,425

If line 31 is
under \$28,495
(under \$9,500 if
a child did not
live with you),
see the instr.
for line 54.

For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Form 1040 (1996)

Tax
Compu-
tation

32	Amount from line 31 (adjusted gross income)	32	3,425
33 a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ▶ 33b <input type="checkbox"/>		
34	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single - \$4,000 • Married filing jointly or Qualifying widow(er) - \$6,700 • Head of household - \$5,900 • Married filing separately - \$3,350	34	4,000
35	Subtract line 34 from line 32	35	-575
36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter	36	2,550
37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	0
38	Tax. See instructions. Check if total includes any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 ▶	38	0

If you want
the IRS to
figure your
tax, see the
instructions
for line 37.

Credits

39	Credit for child and dependent care expenses. Att. Form 2441.	39	
40	Credit for the elderly or the disabled. Attach Schedule R	40	
41	Foreign tax credit. Attach Form 1116	41	
42	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) _____	42	
43	Add lines 39 through 42	43	
44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0- ▶	44	0

Other
Taxes

45	Self-employment tax. Att. Sch. SE	45	463
46	Alternative minimum tax. Attach Form 6251.	46	
47	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	47	
48	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329.	48	
49	Advance earned income credit payments from Form(s) W-2	49	
50	Household employment taxes. Attach Schedule H	50	
51	Add lines 44 through 50. This is your total tax. ▶	51	463

Payments

52	Federal income tax withheld from Forms W-2 and 1099.	52	34
53	1996 estimated tax payments and amount applied from 1995 return	53	
54	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ▶ _____ and type ▶ _____	54	266
55	Amount paid with Form 4868 (request for extension)	55	
56	Excess social security and RRTA tax withheld (see inst.)	56	
57	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	57	
58	Add lines 52 through 57. These are your total payments ▶	58	300

Attach
Forms W-2,
W-2G, and
1099-R on
the front.

Refund

59	If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID	59	
60a	Amount of line 59 you want REFUNDED TO YOU ▶	60a	

Have it sent
directly to your
bank account! See
inst. and fill in
60b, c, and d.

b Routing number c Type: ☐ Checking ☐ Savings
d Account number

61	Amount of line 59 you want APPLIED TO 1997 ESTIMATED TAX ▶	61	
----	--	----	--

Amount
You Owe

62	If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions. ▶	62	163
63	Estimated tax penalty. Also include on line 62.	63	

Sign
Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation
<input type="text"/>	<input type="text"/>	MARKETING CONSULTANT
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation
<input type="text"/>	<input type="text"/>	

Keep a copy
of this return
for your
records.

Paid

Preparer's
Use Only

Preparer's signature	DAVID P. THELIN	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
Firm's name (or yours if self-employed) and address	WISEMAN & BURKE, INC. 206 S. BRAND BLVD. GLENDALE, CA	EIN		
		ZIP code		91204

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1996

Attachment
Sequence No. **09**

Name of proprietor

KATHLEEN M. GOLD

Social security number (SSN)

[REDACTED]

A Principal business or profession, including product or service (see page C-1)

COMPUTER CONSULTING

B Enter principal business code
(from page C-6) ► 7286

C Business name. If no separate business name, leave blank.

DIGITAL GOLD

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 1996, check here ☒

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here.	<input type="checkbox"/>	1	19,360
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	19,360
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	19,360
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)		6	
7 Gross income. Add lines 5 and 6		7	19,360

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	178	19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-4):		
10 Car and truck expenses (see page C-3)	10	1,616	a Vehicles, machinery & equipment	20a	
11 Commissions and fees	11	6,554	b Other business property	20b	2,355
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	216	22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	225
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	310
a Mortgage (paid to banks, etc.) ..	16a		b Meals and entertainment		
b Other	16b		c Enter 50% of line 24b subject to limitations (see page C-4)		
17 Legal and professional services ..	17	88	d Subtract line 24c from line 24b	24d	
18 Office expense	18	1,340	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29		27 Other expenses (from line 48 on page 2)	27	3,200
30 Expenses for business use of your home. Attach Form 8829	30		28		16,082
31 Net profit or (loss). Subtract line 30 from line 29.			29		3,278
• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.			30		
• If a loss, you MUST go on to line 32.			31		3,278

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

 • If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

 • If you checked 32b, you MUST attach Form 6198.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1996

Part III Cost of Goods Sold (see page C-5)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation

☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor. Do not include salary paid to yourself.

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

42 **Costs of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4

42

Part IV Information on Your Vehicle Complete this part **ONLY** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business b Commuting c Other

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

46 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

BANK CHARGES	127	
DUES AND SUBSCRIPTIONS	283	
POSTAGE	54	
TELEPHONE	2,736	
48 Total other expenses. Enter here and on page 1, line 27	48	3,200

Name(s) shown on return.

KATHLEEN M. GOLD

Your social security number

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations If you report a loss from an at-risk activity, you **MUST** check either column (e) or (f) of line 27 to describe your investment in the activity. See page E-4. If you check column (f), you must attach **Form 6198**.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	Invest. At Risk? (e) All is at risk (f) Some is not at risk
A	ENTERTAIN US	P			X
B					
C					
D					
E					

Passive Income and Loss				Nonpassive Income and Loss			
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1			
A		67					
B							
C							
D							
E							
28a Totals							
b Totals		67					
29 Add columns (h) and (k) of line 28a					29		
30 Add columns (g), (i), and (j) of line 28b					30	(67)	
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below					31	-67	

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer ID number
A		
B		
C		
D		

Passive Income and Loss				Nonpassive Income and Loss			
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1				
A							
B							
C							
D							
33a Totals							
b Totals							
34 Add columns (d) and (f) of line 33a					34		
35 Add columns (c) and (e) of line 33b					35	()	
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below					36		

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-4)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b	
38 Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below					38	

Part V Summary

39 Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39		
40 TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17	40	-67	
41 Reconciliation of Farming and Fishing Income: Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 13 (see page E-4) . . .	41		
42 Reconciliation for Real Estate Professionals. If you were real estate professional (see pg. E-3), enter net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under passive activity loss rules.	42		

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

► See Instructions for Schedule SE (Form 1040).
► Attach to Form 1040.

OMB No. 1545-0074

1996

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040)

KATHLEEN M. GOLD

Social security number of person with
self-employment income ►

Who Must File Schedule SE

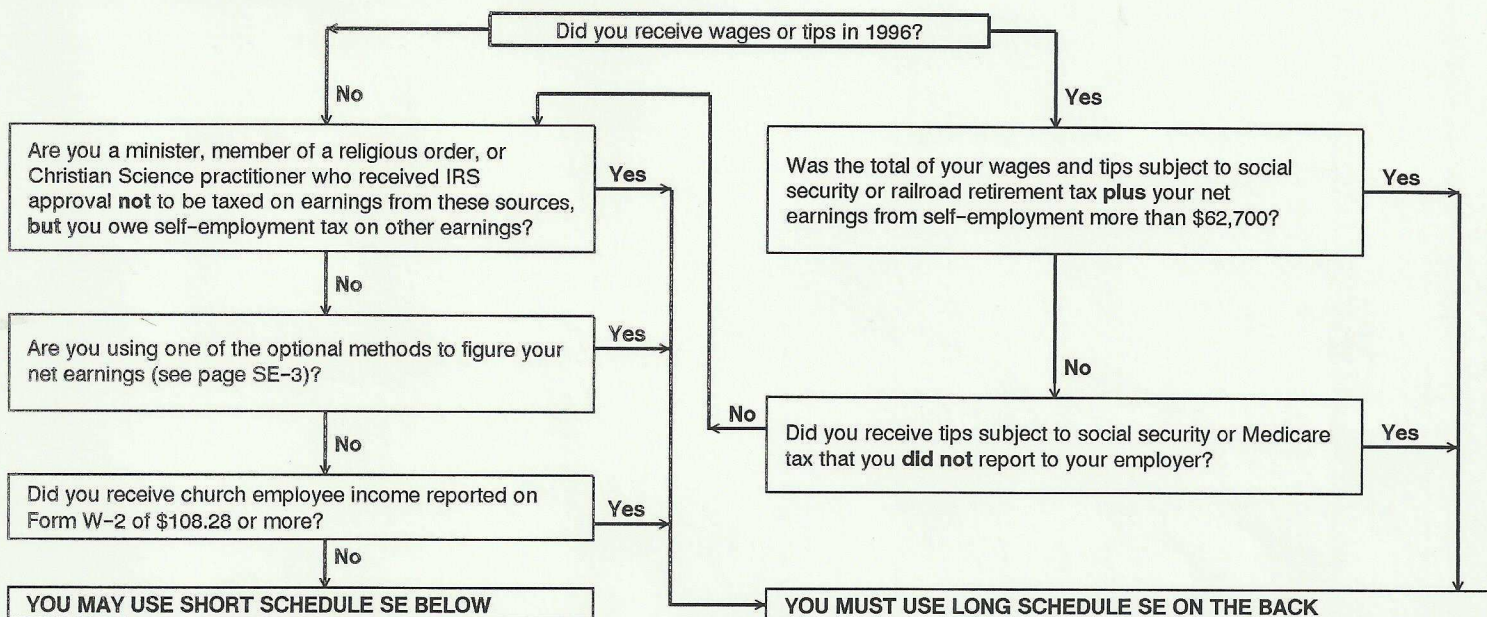
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **OR**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 45.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A – Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1		
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report.	2	3,278	
3 Combine lines 1 and 2.	3	3,278	
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax ►	4	3,027	
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$62,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 45. • More than \$62,700, multiply line 4 by 2.9% (.029). Then, add \$7,774.80 to the result. Enter the total here and on Form 1040, line 45. 	5	463	
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25	6	232	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1996

Depreciation and Amortization

(Including Information on Listed Property)

1996

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

Identifying number

KATHLEEN M. GOLD

Business or activity to which this form relates

SCHEDULE C - DIGITAL GOLD

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions.	1	\$17,500
2	Total cost of section 179 property placed in service. See page 2 of the instructions.	2	216
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions.	5	17,500
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	5-YEAR ELECTRONIC EQUIPMENT	216	216
7	Listed property. Enter amount from line 27	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	216
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	216
10	Carryover of disallowed deduction from 1995. See page 2 of the instructions	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	3,855
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	216
13	Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)**Section A - General Asset Account Election**

- 14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions. ☐

Section B - General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Alternative Depreciation System (ADS): (See page 4 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1996.	17	
18	Property subject to section 168(f)(1) election.	18	
19	ACRS and other depreciation	19	

Part IV Summary (See page 4 of the instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships & S corporations - see instructions.	21	216
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Part V Listed Property – Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See page 5 of the instructions for limitations for automobiles.)

23a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									23b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
24 Property used more than 50% in a qualified business use (See page 5 of the instructions.):										
VEHICLE 1	4/01/96	50.06								
25 Property used 50% or less in a qualified business use (See page 5 of the instructions.):										
26 Add amounts in column (h). Enter the total here and on line 20, page 1								26	0	
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27	0	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
28 Total business/investment miles driven during the year (DO NOT include commuting miles).	5,214					
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven	5,201					
31 Total miles driven during the year. Add lines 28 to 30	10,415					
32 Was the vehicle available for personal use during off-duty hours?	Yes X	No	Yes	No	Yes	No
33 Was the vehicle used primarily by a more than 5% owner or related person?	X					
34 Is another vehicle available for personal use?		X				

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 6 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 6 of the instructions.		
Note: If your answer to 35, 36, 37, 38 or 39 is "Yes," you need not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1996 tax year:					
41 Amortization of costs that began before 1996					41
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					42

KATHLEEN M. GOLD

STATEMENT 1
FORM 1040
WAGES

WAGES TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI CARE	STATE W/H	SDI
DIGITAL PLANET	428	34	27	6	2	3
TOTALS	428	34	27	6	2	3

LSC
California Resident
Income Tax Return 1996

APE

540

FEDERAL RETURN ATTACHMENT REQUIRED:

☒ YES ☐ NO

DO NOT
ATTACH
LABEL

KATHLEEN

GOLD
M GOLD

96

Do Not Write
In These Spaces

P

AC

A

R

RP

Step 1

Name
and
Address

11054 VENTURA BL APT 203
STUDIO CITY CA 91604

FOR COMPUTERIZED USE ONLY

01	1	30	0	49	0	64	1
06	0	31	0	50	0	APE	0
09	0	35	0	51	0	3800	0
10	0	36	0	52	0	3803	0
12	428	37	0	53	0	CATMT	0
14	0	38	2	54	0	SCHG1	0
16	0	39	0	55	0	5870A	0
17	3425	41	0	56	0	5805 5805F	0
18	2527	43	2	57	0	954077421	
20	9	44	0	58	0		
21	67	45	2	59	0		
23	0	46	0	60	2		
28	0	47	0	61	0		
29	0	48	0	63	0		

Step 2

Filing Status

Check only one.

- 1 ☒ Single
2 ☐ Married filing joint return (even if only one spouse had income)
3 ☐ Married filing separate return.
Enter spouse's social security number above and full name here. _____
4 ☐ Head of household (with qualifying person).
If the qualifying person is a child but not your dependent, enter child's name here. _____
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19 _____

Step 3

Exemptions

Do not enter
dollar amounts
in the boxes.

Attach check
or money order
here.

- 6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here • 6 ☐
7 Personal: If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions . . . 7 ☐
8 Blind: If you (or if married, your spouse) are visually impaired, enter 1. If both are visually impaired, enter 2 8 ☐
9 Senior: If you (or if married, your spouse) are 65 or older, enter 1. If both are 65 or older, enter 2 • 9 ☐
10 Dependents: Enter name and relationship. Do not include yourself, your spouse or the person listed on line 4. _____

Enter total number of dependents 10

- 11 Total number of exemptions. Add line 7 through line 10 11 ☐

Step 4

Taxable
Income

Attach copy of
your form(s)
W-2, W-2G and
1099-R here.

- 12 State wages from your Form(s) W-2, box 17 • 12 428
13 Federal AGI from Form 1040, line 31; Form 1040A, line 16; Form 1040EZ, line 4; or TeleFile Tax Record, line H 13 3,425
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 31, column B • 14
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 3,425
16 California adjustments - additions. Enter the amount from Schedule CA (540), line 31, column C. • 16
17 California adjusted gross income. Combine line 15 and line 16 • 17 3,425
18 Enter your CA standard deduction OR your CA itemized deductions • 18 2,527
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 898

Step 5

Tax

- 20 Tax. Check if from ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 • 20 9
21 Exemption credits. Check one: ☒ Flowchart ☐ Federal AGI limit or ☐ CA TMT limit • 21 67
22 Subtract line 21 from line 20. If less than zero, enter -0- 22 0
23 Tax. Check if from ☐ Schedule G-1 and ☐ form FTB 5870A • 23
24 Add line 22 and line 23. 24 0

For Privacy Act Notice, see Instructions.

Continue to Side 2

Form 540 C1 1996 Side 1

Step 6	25	Amount from Side 1, line 24	25	0
Credits	28	Credit _____ code no. ▶ 28		
	29	Credit _____ code no. ▶ 29		
	30	Credit _____ code no. ▶ 30		
	31	To claim more than three credits, see instructions	• 31	
	33	Add line 28 through line 31. These are your total credits	33	
	34	Subtract line 33 from line 25. If less than zero, enter -0-	34	0

Step 7	35	Alternative minimum tax. Attach Schedule P (540).	• 35	
Other Taxes	36	Other taxes and credit recapture from forms FTB 3501, FTB 3535, FTB 3805P, FTB 3805Z or FTB 3806. See instructions	• 36	
	37	Add line 34 through line 36. This is your total tax.	• 37	0

Step 8	38	CA income tax withheld. Enter total from your 1996 Form(s) W-2, W-2G, 1099-MISC and 1099-R. Also, attach Form(s) to Side 1	■ 38	2
Payments	39	1996 California estimated tax and amount applied from your 1995 return. Include the amount from form FTB 3519 or Schedule K-1 (541)	■ 39	
	41	Did either you or your spouse receive more than \$31,767 in wages in 1996? Yes. See instructions. No. Go to line 42	■ 41	
	42	Add line 38 through line 41. These are your total payments	42	2

Step 9	43	If line 42 is larger than line 37, subtract line 37 from line 42. This is your overpaid tax	43	2
Overpaid Tax or Tax Due	44	Amount of line 43 you want applied to your 1997 estimated tax	■ 44	
	45	Subtract line 44 from line 43. This is the amount of overpaid tax available this year	■ 45	2
	46	If line 42 is less than line 37, subtract line 42 from line 37. This is the tax due	46	0

Step 10	47	Contribution to California Seniors Special Fund. See instructions	• 47	
Contributions		You may make a contribution of \$1 or more to:		
	48	Alzheimer's Disease/Related Disorders Fund	• 48	00
	49	California Fund for Senior Citizens	• 49	00
	50	Rare and Endangered Species Preservation Program	• 50	00
	51	State Children's Trust Fund for the Prevention of Child Abuse	• 51	00
	52	California Breast Cancer Research Fund	• 52	00
	53	Veterans Memorial Account	• 53	00
	54	California Firefighters' Memorial Fund	• 54	00
	55	California Public School Library Protection Fund	• 55	00
	56	D.A.R.E. California (Drug Abuse Resistance Education) Fund	• 56	00
	57	CA Election Your party (\$25 max) ▶ 57		00
	58	Campaign Fund Spouse's (\$25 max) ▶ 58		00
	59	Add line 47 through line 58. These are your total contributions	• 59	0

Step 11	60	Subtract line 59 from line 45. You have a REFUND OR NO AMOUNT DUE . Mail your return to: IMAGE PROCESSING, FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009	■ 60	2
Refund or Amount You Owe	61	Add line 46 and line 59. This is the AMOUNT YOU OWE . Make a check or money order payable to "Franchise Tax Board" for the full amount you owe. Write your social security number and "1996 Form 540" on it. Attach it to the front of your Form 540 and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	■ 61	0

Step 12	62	Interest and late return and late payment penalties	62	
Interest and Penalties	63	Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check here	<input type="checkbox"/> ■ 63	
	64	If you do not need California income tax forms mailed to you next year, check here	• 64 <input checked="" type="checkbox"/>	

Sign Here

It is unlawful to forge a spouse's signature.

IMPORTANT: See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your signature _____ Spouse's signature (if filing joint, both must sign) _____ Date _____ Daytime phone number _____

X

X

Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge)

Preparer's SSN/FEIN

DAVID P. THELIN

WISEMAN & BURKE, INC.

206 S. BRAND BLVD.

GLENDALE, CA 91204